

STATE OF SOUTH DAKOTA
OFFICE OF PROCUREMENT MANAGEMENT
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PIERRE, SOUTH DAKOTA 57501-3182

Provider Enrollment Screening & Monitoring
Questions and Responses

PROPOSALS ARE DUE NO LATER THAN 04/05/2021

RFP 2279

BUYER: Division of Medical Services

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Errors in Original Proposal

- On page 6 of the proposal, the reference to “3.1.2.10” should be “3.2.2.10.”

Questions & Answers

1. What is the estimated funding source, or budget for this project?

A: The scope of services is required to meet federal requirements and may be deemed eligible as shared state/federal administrative costs. Respondents should propose their best price for meeting the requirements outlined as cost is one of the evaluation criteria.

2. Is this a new requirement? Or is there an incumbent vendor providing these services? If so, what is the contract number, vendor name, and term of the contract?

A: These services are currently being provided by International Business Machine under contract 14-0800-114 and 19SC083026. These can be found at <https://open.sd.gov/contracts.aspx> by searching under the Department of Social Services.

3. Does the requested credentialing solution need to adhere to National Committee for Quality Assurance (NCQA) standards? If so, does the Credentials Verification Organization need to be NCQA certified?

A: No, NCQA certification and standards are not part of the scope of work or required vendor qualifications.

4. Will state license verifications be limited only to the state of South Dakota, or will the requested solution check all relevant state licenses?

A: License verifications will not be limited to those issued by South Dakota licensing agencies as services provided to SD Medicaid recipients are not limited to the boundaries of South Dakota.

5. Will the requested solution be required to verify any board certifications? If so, which board certifications would need to be verified?

A: Board certification verification is not required as part of the solution.

6. Will the state set up its own Medical Executive Committee to review, approve or deny credentialing applications, or would the requested credentialing solution need to carry out this function?

A: The scope of work does not include the review or processing of applications. The scope of work is to take specific State-supplied information and apply business rules in the querying and validation of the

data against screening sources. It also includes the capture of the screening data and results which may include notation of pass/fail based on the State business rules. Vendors who have existing screening protocols and business rules are welcome and encouraged to include those in their response.

7. How often will the state recredential a practitioner? Every 3 years?

A: The term “recredential” can be used differently by readers. The scope of work is intended to permit South Dakota to meet or exceed federal provider enrollment related requirements.

8. Would a cloud-hosted platform be an acceptable solution, or is it required that the state of South Dakota host the solution? If a cloud-hosted platform is acceptable, are there cloud-specific requirements around service provider and/or multi-tenant architecture?

A: The current scope of work is written as a data exchange by SFTP. Any proposed options or alternatives to this requirement should be handled in accordance with Section 5.2.3.3.

9. As a risk management benefit, will the state require ongoing monthly monitoring of sanctions?

A: Vendors must reply to which screening activities will be completed on a monthly basis found in Section 3.1.2 which does include sanction-related items.

10. As a risk management benefit, will the state require NPDB Continuous Query for all practitioners in the system?

A: NPDB query is not a required action included in the scope of work. Vendors are welcome to propose responses that exceed the minimum requirements as noted in 3.1.2.10 and 3.2.2.10.

11. As an added risk management benefit, does the state want ongoing monitoring of practitioner expirable, in addition to providing a credentialing report at the time of an initial credentialing event or recredentialing event?

A: Vendors must reply to which screening activities will be completed on a monthly basis found in Section 3.1.2 which does include sanction-related items.

10. Is an all-in pricing structure for credentialing acceptable or must it be broken down by various transactions as indicated in the RFP?

A: Vendors may provide an all-in pricing structure per screening and an all-in price per contract period. Vendors who have a “base” cost and also provide certain other services for an additional cost as well as those vendors with an “all-inclusive” cost must clearly identify what is included in each pricing model within the cost proposal response.

11.. Of the more than 16,000 practitioners, will all of them require credentialing the first year? If not, how many practitioners would require credentialing in year 1, year 2 and year 3 (if the state is on a 3-year credentialing cycle)?

A: Please see the scope of practice as “credentialing” is not used. All providers will be subject to monitoring and Vendors should anticipate that all or nearly all will require screening during the first year.

12. Page 5, item 3.1.2.9 - Part of the federal screening and enrollment requirement under 42 CFR 455 is to conduct site visits for all enrolling, reenrolling and recredentialing providers. Is conducting site visits part of the scope of work under this RFP? If so, approximately how many moderate and high-risk providers are enrolled in the SD Medicaid program?

A: The scope of works intends that the selected vendor will utilize PECOS as its source to determine whether records for onsite visits are known and applicable for the State to rely upon in meeting the screening requirements for moderate and high-risk providers. Conducting onsite visits is not part of the scope of work.

13. Page 5, item 3.1.2.9 – Will PECOS be the source for fingerprint-based criminal background checks? If not, what is the source?

A: The scope of work intends that the selected vendor will utilize PECOS as its source to determine if record of a FCBC exists as report the findings. Any subsequent FCBC related activities such as mailing

of fingerprint cards are not within the scope of work and will remain as a State activity.

14. Page 5, item 3.1 – Based on the items listed under the Scope of Work and on the Cost Proposal, it appears as though the awarded vendor will only be credentialing providers upon enrollment, reenrollment and recredentialing as well as completing monthly credentialing checks on enrolled providers. It does not appear as though the state would like the awarded vendor to process enrollments, reenrollment, disenroll providers, recredential providers, service a toll-free enrollment line for providers and other related provider enrollment services, is that correct?

A: The scope of work is limited to providing screening and monthly monitoring activities. It does not include general enrollment request processing or call center activities.

15. How many “atypical” providers are there, and should they be included in our screening?

A: All providers requested in this screening have an NPI and are not deemed “atypical” by South Dakota Medicaid.

16. Which provider servicing addresses should be included: Primary, Mailing, Billing, Remittance, Additional Locations?

A: All primary locations and locations where services are rendered will be needed. South Dakota will also share mailing addresses but are not required to verify them.

17. Will this Provider Enrollment Screening & Monitoring project include a replacement of the existing provider portal? Or will the Provider Enrollment Screening & Monitoring platform be connected to an existing provider portal?

A: The scope of work does not include a provider portal. The scope of work is to take specific State-supplied information and apply business rules in the querying and validation of the data against screening and monitoring sources. It also includes the capture of the screening data and results which may include notation of pass/fail based on the State business rules.

18. Item 3.1.2.1 – Confirm Identity: What is the preferred source/method for South Dakota?

A: Vendors are free to propose what sources and actions are taken in order to confirm the identity of a provider or associated party.

19. Item 3.1.2.5 – SS DMF to Confirm SS#: Does South Dakota currently have an account with SSDMF? If yes, will South Dakota grant vendor agent access to act on South Dakota’s behalf?

A: South Dakota currently has DMF access through DEX. South Dakota would assist in requesting access to the successful vendor for the express purposes of executing this contract. Vendor responses should call out what sources require South Dakota assistance to acquire.

20. Item 3.1.4 – Source Update Frequency: Can you provide clarification and additional information for the “data sources” referenced in this question? For example, does “data sources” refer to primary source verification sites from which the platform will receive verifications? Or will “data sources” refer to the providers?

A: “Data sources” is not referring to providers, but to the sources of data utilized to screen and validate the state supplied data against. This may include sources such as licensing boards used for the primary source verification of licensure, identity sources, exclusionary sources, etc.

21. Item 3.2.2.1 – Confirm Identity: Is there an expectation that identity should be confirmed on a monthly basis (non-standard practice)?

A: No. As noted in 3.2.2.1, monthly confirmation of identity is not required nor is it expected that an identity would change on a frequent basis.

22. Items 3.1.3.3 and 3.2.3.3 - Are there are other State licensing boards besides the SD Board of Medical & Osteopathic Examiners referenced in Section 3.1.3.3 and 3.2.3.3 that SD expecting to be included in the screening process?

A: Vendors are expected to validate all licenses sent to them, regardless of what board issued the license. SD DSS will assist in facilitating the SD Board of Medical & Osteopathic Examiners. Vendor responses

are to include what sources they currently have and call out any that they do not have and would require assistance from SD DSS. List of eligible provider types can be found at <https://dss.sd.gov/docs/medicaid/providers/ProviderChart.pdf>.

23. Please share the projected monthly volumes and associated productivity levels, that will be provided to supplier for Scope items 3.1 and Scope item 3.2 for deal duration (May'21 to May'22)

A: The provider screenings are intended to be daily exchanges that will vary greatly dependent upon work product. Vendors will need to accept files daily although there could be days where only the header/footer information is included on the files. The monthly screening will include all NPIs and associated owners and those with a managing or controlling interest in the provider. All provider NPI combinations are estimated at around 18,000 records. The ownership file with combinations of owners and managing employees, not unique counts, is around 26,000 records.

24. Please share the split of 16,300 providers based on Work Types (Enrollment/Re-Enrollment), Provider Types- Individual/Organizations, Specialties etc.

A: There are approximately 1,200 groups of professionals; 1,950 institutions and pharmacies; and 13,000 individuals.

25. Please specify if certain percentage of work can be delivered from offshore/global delivery locations.

A: Please refer to page 28 regarding State data and offshore services.

26. Please share number of outreach attempts required and the interval between each attempt, along with the current outreach service levels and their respective performance for PSV and monitoring activities.

A: This is not within the scope of work. The scope of work does not include communication between the vendor and the provider, only utilization of the State supplied data as captured in Exhibit 3 to return screening and validation findings.

27. Will any cost (specific licenses and certifications), if any, incurred for Primary source verification be taken up by DSS or is the supplier expected to perform and bill back as pass through cost? For example - Access for database for License and Certification validation.

A: The vendor should factor any costs associated to the completion of the scope of work in their cost proposal. DSS will not be paying the vendor individually for acquisition costs of obtaining access to a given database.

28. What is the current turnover ratio of any new transactions as completed output or what portion of current effort involves outreach activities?

A: The scope of work does not include communication between the vendor and the provider, only utilization of the State supplied data as captured in Exhibit 3 to return screening and validation findings.

29. To the extent available, please provide workflow diagrams and any other documentation detailing the in-scope functions.

A: SD will receive and review new enrollment applications and data modifications to existing approved enrollments. SD will send data (see Exhibit 3) from all new enrollment applications, certain data modifications to existing providers, and existing providers if a situation warrants. The selected vendor will need to carry out the scope of work noted in Section 3.1. In addition, monthly data for all approved providers will be sent and the selected vendor will need to carry out the scope of work noted in Section 3.2.

30. Please provide the data sources and mechanisms for which SD DSS currently facilitates as part of the current service engagement.

A: Vendors should review the scope of work sections 3.1.3 and 3.2.3 regarding data sources made available by SD DSS and identifying any additional resources that would require facilitation assistance from SD DSS.

31. Please describe any SD DSS "in house" automated functions currently utilized within the existing service engagement.

A: Functions done “in house” by DSS are not within the scope of services noted in the RFP.

32. We believe for certain verification processes (e.g. re-enrollment), offerer may have to provide outreach support. If yes, please share the channel for outreach (Call/Fax/Mail/Emails etc.) and any guidance on their respective intervals. For example, 3 outreach attempts in 3 weeks - Fax, email and call respectively in Week 1, Week 2 and Week 3 in case previous attempt does not yield the result.

A: The scope of work does not include communication between the vendor and the provider, only utilization of the State supplied data as captured in Exhibit 3 to return screening and validation findings.

33. Given the critical nature of this proposal, would DSS consider allowing for a second round of questions, based on the Response to Offeror Questions due 3/22/2021? (1.4)

A: A second round of questions is not part of the schedule.

34. Would DSS consider extending the Proposal Submission date to 4/23, allowing offerors ample time to incorporate the responses to questions? (1.4)

A: No.

35. We understand that DSS will share an export of provider data via SFTP with the offeror to perform the screening. However, it is unclear what the envisioned process will be for resolving data issues for providers. For example, if the provider data does not contain the needed information, should the offeror plan to outreach to the provider? Or would this be a failed screen? (3.1)

A: The scope of work does not include communication between the vendor and the provider, only utilization of the State supplied data as captured in Exhibit 3 to return screening and validation findings.

36. Would the State allow vendors to submit a redacted copy of their proposals along with an unredacted version?

A: Yes. Note that the winning bidder will be requested to provide a redacted copy as part of the contract finalization.

37. Would the State confirm which Cost Proposal vendors should populate either the Excel File or Attachment B, or both?

A: The content of Attachment B and the Excel file are the same. Vendors may respond to either.

38. Would the State confirm that all documents should be included in one PDF file or do you want the Cost Proposal broken out into a separate PDF?

A: The vendor should include all documents in one PDF. In the situation that the vendor deems certain information proprietary and wants to also provide a redacted version, it will result in two PDFs. One PDF in its entirety and a second PDF including any redaction of proprietary information.

39. What is the average number of new enrollments per year?

A: The volume of providers can vary greatly based on changes in ownership, FEIN changes, or other operational changes that may require a new application. SD estimates approximately 175 – 200 NPIs submit new enrollment applications each month.

40. What is the average number re-enrollments per year?

A: The term re-enrollments can have different meanings to readers. For purposes of work, there are screening for all new enrollments, screenings upon request (see question 42), and monthly monitoring.

41. What is the average number of revalidations per year?

A: South Dakota has not been revalidating in yearly cycles.

42. What is the average number of requests for review by DSS per year?

A: Requests for review will be triggered upon certain modifications an enrolled provider submits for State review such as legal name change, ownership or managing employee additions, additional specializations and locations which are not in a limited risk category, or in rare cases if concerns arise about the provider or the validity of the data. South Dakota has changed their approach in this area making it hard to provide an estimate. Based on historical estimates of 200-250 changes a month with only a portion of those triggering a request are the best

43. On Attachment B what is the column titled “Time Elapse” in reference to?

A: Vendors need to advise how long it will take them to respond with results for the requested screening and monitoring activities.

44. In 1.0 General Information, 1.1 Purpose of Request for Proposal (RFP) states “The offeror should also have access to regularly updated source data used in screening and must have interface capabilities in order to receive provider data from DSS.”

In 3.0 Scope of Work, 3.1 Provider Screening it states “DSS will share an export of provider data via SFTP...” Does an interface need to be established or is there only a need/requirement for Secure File Transfer abilities?

45. What compliance level do we need to have?

A: South Dakota is SOC 2 Type II compliant and has GovCloud which is FedRamp moderate on AWS only. While these meet our standards, vendors are requested to answer the related questions in Attachment D – Security and Contractors questions to help build a fuller image of the vendor’s protocols.

46. Are there specific government requirements we need to meet for security?

A: Please review the ITSP which begins on page 70 of the RFP and the draft contract and exhibits which begin on page 11.

47. What type of data-segregation is required?

A: vendors are requested to answer the related questions in Attachment D – Security and Contractors questions. The information gathered will help the State determine how your application fits within our framework, if applicable.

48. Is the incumbent being replaced, or are they also part of the RFP response pool?

A: The RFP is being published due to time elapse. The incumbent is not precluded from responding.